

EDITORIAL

Legislative Time Again

IMMEDIATELY after the January 1 holiday the Legislature of the State of California went into session.

The session in this, an odd-numbered year, is wide open for the introduction of any kind of proposal the members of the Legislature may wish to advance. In the even-numbered years the state lawmakers consider only a budget and such specific matters as may be taken up in a special session called by the Governor.

If the pattern of past years is repeated now, we may expect to see some 6,000 bills introduced before the Assembly and the Senate. Of these, around 10 per cent, or about 600 measures, will have some direct or indirect bearing on the practice of medicine or the public health.

And if the precedent of earlier years is repeated, these bills will cover a wide variety of topics, will encompass both scientific and economic matters and will cause a large number of eyebrows to be raised in the medical and allied professions.

At this moment, one can only guess at the content of the many legislative proposals which are certain to be put into the hopper. Some members of the Legislature and some special interest groups, such as labor, have already made public announcements on the bills they intend to have introduced. Others have been more reticent, publicly, and will bring in their proposals without fanfare.

Specifically, labor has announced its intention of reviving the 1945 proposal of then Governor Earl Warren for the establishment of a state plan of medical care. Socialized medicine, it was called by physicians; not so, said the Governor, labor and other supporters of the plan.

The difference in definitions of "socialized medicine" was resolved in committee in the Assembly, when the Governor's plan failed to gain committee approval and just barely fell short of being brought out of committee onto the floor of the Assembly for debate.

For the record, it should be noted that the Governor tried again in 1947, and again in 1949, but his repeat efforts failed completely and without any of the furor which attended the 1945 trial.

Now, 16 years after the first try, labor says it will try again. If its efforts are in any measure successful, medicine will again be in for a fight, basing its resistance as it did before on the proposition that the socialization of medicine is simply a step in the socialization of all services and goods.

These observations are mainly academic at the moment, for the reason that labor's bill to socialize medicine has been introduced so recently that copies are not yet available for review and analysis.

A number of other bills have been announced publicly by their authors but have not yet been officially introduced. Here again, reliance cannot be placed on the public announcement; the bill itself, when and if introduced, is the item with which we have to deal.

As a result of publicity which legislators and others have received from public statements about what they say they *intend* to do, physicians in many parts of the state already are expressing concern over the potential harm to medical practice if some of the publicized proposals (not yet introduced as bills) should at last be submitted to the Legislature and adopted.

Policy in the California Medical Association has consistently been to refrain from any hurried conclusions or statements on legislation until (1) the bill has been introduced, (2) an opportunity is had to analyze it legally and for its effect, and (3) a position is taken on the measure by the Council.

This attitude is dictated by several sound considerations. In the first place, a public announcement of proposed legislation may represent nothing more than a trial balloon designed to find out who might be supporters and who opponents. Secondly, a public statement about proposed legislation may not reflect accurately on the measure as it is actually introduced. Thirdly, a quick stand announced on any

legislation may provide the author with a chance to compromise with announced opponents on minor matters in such a way that he can later claim to have consulted with critics of his proposal and to have revised his measure to meet their objections.

The California Medical Association has followed the legislative processes carefully for a number of years and has found that effective legislative activities require an active committee of members of the Association who can keep in touch with happenings in the Capitol, backed up by legal counsel versed in legislative draftsmanship and by representatives who can carry out the policy decisions reached by the Council on any given measure.

With this sort of representation, the Association is able to secure copies of measures placed before the Legislature, have them analyzed, secure a policy position from the Council and proceed to implement that policy.

Thus, in the present session of the Legislature, the watchword at this time must be "wait and see." Wait for the bill to be introduced; see what is in it and what effect it may have on the public health or on the practice of medicine.

Under this policy the Association will bide its time until the established procedures may be undergone. In legislation, as in so many other fields, timing is extremely important and hasty actions or decisions may well drain strength from the organization in advance of the real need for strength.

Obviously, the present legislative session will produce a number of proposals that will be considered inimical to the best medical interests of the public. Obviously, the California Medical Association will oppose all such measures.

It is fortunate that under the present rules of the Legislature, no action can be taken on any bill until 30 days has elapsed after its introduction, except for rare emergencies. This waiting period allows those interested in legislation to review and analyze each measure and determine what position to take on it. The Association will, of course, support those bills which appear good and oppose those seeming bad. The decision as to which category a measure fits can be made during the 30-day waiting period before even committee consideration can be given to any measure.

With health matters representing so large a segment of the total legislative effort in California, the proper and adequate representation of the medical profession and its allies is valuable beyond description. Such representation the C.M.A. now has and has had for some years.

Physicians who may become disturbed over headlines at this stage of the legislative meeting would be well advised to consider the procedures which the Association has found so useful over the years and which have proved their effectiveness.

In short, let's wait and see.

Letters to the Editor...

A FEW MONTHS AGO at a public riding stable in Los Angeles a man who probably did odd jobs for the stable owners gave a good swat to the rump of a sluggish horse. The horse was carrying an experienced hospital secretary who was an inexperienced horsewoman. The horse got the idea and set off on a fast trot. The rider soon fell off, landing solidly on her bottom. She wound up in the hospital in traction with diagnoses of back sprain and multiple bruises. When various staff doctors stopped in to see her, they asked how the accident happened. The next remark of each doctor, the secretary avows, was: "You're going to sue, aren't you?" Suit before sympathy. Now probably the girl has grounds for legal action, but my point is that the doctors should not have had pecuniary compensation as their first thought.

Too many doctors similarly want to magnify the injuries in automobile accidents to help the patient, his lawyer, and his doctors to get more money. The doctor, however, should think more of getting the

patient well and quickly well, adding the appropriate admixture of encouragement and reassurance to his medical regimen.

There is a special reason for this cost conscious handling of even insurance cases that deserves repetition: This is the fact that it is the good and the innocent people who pay for the insurance awards. By the good and the innocent I am thinking especially of that segment of the public whom we doctors cherish as patients: our stable, middle income families who are not accident prone, who are careful, productive, conscientious citizens. They pay our bills cheerfully, and they have to pay all insurance costs directly or indirectly. The insurance companies by and large insure for themselves profits and growth by appropriate premiums. But the innocent public pays. Let us doctors do what we can to protect it and help it.

ARTHUR F. GREENWALD, M.D.

Los Angeles.